

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2015 JUL -9 AM 10:47

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Anesthesia Service Medical Group Advocacy Fund - Federal

ADDRESS (number and street)

7185 Navajo Road, Suite P

Check if different
than previously
reported. (ACC)

San Diego

CA

92119

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00216184

3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)

July 15
Quarterly Report (Q2)

October 15
Quarterly Report (Q3)

January 31
Year-End Report (YE)

X July 31 Mid-Year
Report (Non-election
Year Only) (MY)

Termination Report
(TER)

(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 01 01 2015 through 06 30 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer C. April Boling, CPA

Signature of Treasurer



Date 07 01 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Anesthesia Service Medical Group Advocacy Fund - Federal

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2015

To:

MM / DD / YYYY
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		2778.50
(b) Cash on Hand at Beginning of Reporting Period.....	2778.50	
(c) Total Receipts (from Line 19).....	10915.00	10915.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	13693.50	13693.50
7. Total Disbursements (from Line 31).....	8015.55	8015.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	5677.95	5677.95
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Anesthesia Service Medical Group Advocacy Fund - Federal

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2015

To:

MM / DD / YYYY
06 / 30 / 2015

MM / DD / YYYY
06 / 30 / 2015

MM / DD / YYYY
06 / 30 / 2015

I. Receipts

COLUMN A Total This Period

COLUMN B Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1800.00

1800.00

(ii) Unitemized.....

9115.00

9115.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

10915.00

10915.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶

10915.00

10915.00

12. Transfers From Affiliated/Other
Party Committees.....

0.00

0.00

13. All Loans Received.....

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....

0.00

0.00

17. Other Federal Receipts
(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5).....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

10915.00

10915.00

20. Total Federal Receipts
(subtract Line 18(c) from Line 19).....▶

10915.00

10915.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)

(i) Federal Share

0.00

0.00

(ii) Non-Federal Share

0.00

0.00

(b) Other Federal Operating
Expenditures

1015.55

1015.55

(c) Total Operating Expenditures
(add 21(a)(i), (a)(ii), and (b))

1015.55

1015.55

22. Transfers to Affiliated/Other Party Committees

0.00

0.00

23. Contributions to Federal Candidates/Committees and Other Political Committees

7000.00

7000.00

24. Independent Expenditures (use Schedule E)

0.00

0.00

25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)

0.00

0.00

26. Loan Repayments Made

0.00

0.00

27. Loans Made

0.00

0.00

28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees

0.00

0.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) Total Contribution Refunds
(add Lines 28(a), (b), and (c))

0.00

0.00

29. Other Disbursements

0.00

0.00

30. Federal Election Activity (2 U.S.C. §431(20))

(a) Allocated Federal Election Activity
(from Schedule H6)

0.00

0.00

(i) Federal Share

0.00

0.00

(b) Federal Election Activity Paid Entirely
With Federal Funds

0.00

0.00

(c) Total Federal Election Activity (add
Lines 30(a)(i), 30(a)(ii) and 30(b))

0.00

0.00

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..

8015.55

8015.55

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)

8015.55

8015.55

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- **penditures**

COLUMN A **Total This Period**

COLUMN B **Calendar Year-to-Date**

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))▶
- 37. Offsets to Operating Expenditures
(from Line 15, page 3).....
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36)▶

10915.00
0.00
10915.00
1015.55
0.00
1015.55

10915.00
0.00
10915.00
1015.55
0.00
1015.55

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 6 OF 11	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Anesthesia Service Medical Group Advocacy Fund - Federal

Full Name (Last, First, Middle Initial) A. Terrance Breen		Date of Receipt <div>06 / 30 / 2015</div>	
Mailing Address 5451 Coral Reef Ave		Transaction ID : 11AI-31261-IP	
City La Jolla	State CA	Zip Code 92037	
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>300.00</div>	
Name of Employer ASMG	Occupation Anesthesiologist		
Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year	Aggregate Year-to-Date ▼ <div>300.00</div>	Payroll Deduction (\$100 Monthly)	
Full Name (Last, First, Middle Initial) B. Rhodel Dacanay		Date of Receipt <div>06 / 30 / 2015</div>	
Mailing Address 14478 Southern Hills Ln		Transaction ID : 11AI-31272-IP	
City Poway	State CA	Zip Code 92064	
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>300.00</div>	
Name of Employer ASMG	Occupation Anesthesiologist		
Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year	Aggregate Year-to-Date ▼ <div>300.00</div>	Payroll Deduction (\$100 Monthly)	
Full Name (Last, First, Middle Initial) C. Brandon Giap		Date of Receipt <div>06 / 30 / 2015</div>	
Mailing Address 6715 Rancho Toyon Place		Transaction ID : 11AI-31284-IP	
City San Diego	State CA	Zip Code 92130	
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>300.00</div>	
Name of Employer ASMG	Occupation Anesthesiologist		
Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year	Aggregate Year-to-Date ▼ <div>300.00</div>	Payroll Deduction (\$100 Monthly)	
SUBTOTAL of Receipts This Page (optional)..... ▶		<div>900.00</div>	
TOTAL This Period (last page this line number only)..... ▶		<div></div>	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 7 OF 11	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
Anesthesia Service Medical Group Advocacy Fund - Federal

Full Name (Last, First, Middle Initial) A. Zachary Gordon		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 30 / 2015</div> </div>	
Mailing Address 3535 Lebon Dr Apt # 4419		Transaction ID : 11AI-31288-IP	
City San Diego	State CA	Zip Code 92122	Amount of Each Receipt this Period <div> <div>Amount</div> <div>300.00</div> </div>
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>			
Name of Employer ASMG	Occupation Anesthesiologist		
Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year	Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>300.00</div> </div>	Payroll Deduction (\$100 Monthly)	
Full Name (Last, First, Middle Initial) B. Christine Nieman		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 30 / 2015</div> </div>	
Mailing Address 5341 Calle Vista		Transaction ID : 11AI-31215-IP	
City San Diego	State CA	Zip Code 92109	Amount of Each Receipt this Period <div> <div>Amount</div> <div>300.00</div> </div>
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>			
Name of Employer ASMG	Occupation Anesthesiologist		
Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year	Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>300.00</div> </div>	Payroll Deduction (\$100 Monthly)	
Full Name (Last, First, Middle Initial) C. Mark S. Ransom		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 30 / 2015</div> </div>	
Mailing Address 859 Morning Sun Drive		Transaction ID : 11AI-31224-IP	
City Encinitas	State CA	Zip Code 92024	Amount of Each Receipt this Period <div> <div>Amount</div> <div>300.00</div> </div>
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>			
Name of Employer ASMG	Occupation Anesthesiologist		
Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year	Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>300.00</div> </div>	Payroll Deduction (\$100 Monthly)	
SUBTOTAL of Receipts This Page (optional)..... ▶		<div> <div>Amount</div> <div>900.00</div> </div>	
TOTAL This Period (last page this line number only)..... ▶		<div> <div>Amount</div> <div>1800.00</div> </div>	

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:
 (check only one)

PAGE 8 OF 11

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Advocacy Fund - Federal

Full Name (Last, First, Middle Initial)

A. C. April Boling, CPA

Mailing Address 7185 Navajo Rd Ste P

City San Diego State CA Zip Code 92119

Purpose of Disbursement
 Software

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

001
 Category/
 Type

Date of Disbursement

MM / DD / YYYY
 02 / 20 / 2015

Transaction ID : 21B-960

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. C. April Boling, CPA

Mailing Address 7185 Navajo Rd Ste P

City San Diego State CA Zip Code 92119

Purpose of Disbursement
 Federal Express

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

001
 Category/
 Type

Date of Disbursement

MM / DD / YYYY
 02 / 20 / 2015

Transaction ID : 21B-961

Amount of Each Disbursement this Period

15.55

Full Name (Last, First, Middle Initial)

C. C. April Boling, CPA

Mailing Address 7185 Navajo Rd Ste P

City San Diego State CA Zip Code 92119

Purpose of Disbursement
 Accounting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

001
 Category/
 Type

Date of Disbursement

MM / DD / YYYY
 04 / 22 / 2015

Transaction ID : 21B-965

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

365.55

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 11

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Advocacy Fund - Federal

Full Name (Last, First, Middle Initial)

A. C. April Boling, CPA

Mailing Address 7185 Navajo Rd Ste P

City State Zip Code
San Diego CA 92119

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

001
Category/
Type

Date of Disbursement

06 / 30 / 2015

Transaction ID : 21B-974

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. Cook Political Report

Mailing Address 600 New Hampshire NW #400

City State Zip Code
Washington DC 20037

Purpose of Disbursement
Subscription

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

001
Category/
Type

Date of Disbursement

01 / 06 / 2015

Transaction ID : 21B-954

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

650.00

TOTAL This Period (last page this line number only).....▶

1015.55

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Advocacy Fund - Federal

Full Name (Last, First, Middle Initial)

A. Georgians for Isakson

Mailing Address P.O. Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement
Political Contribution

Candidate Name

John Isakson

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District:

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2015

Transaction ID : 23-972

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Issa for Congress

Mailing Address PO Box 760

City Vista State CA Zip Code 92085

Purpose of Disbursement
Political Contribution

Candidate Name

Darrell Issa

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 49

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2015

Transaction ID : 23-962

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Friends of Mike Lee

Mailing Address P.O. Box 7272

City Alexandria State VA Zip Code 22307

Purpose of Disbursement
Political Contribution

Candidate Name

Mike Lee

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District:

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2015

Transaction ID : 23-973

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 11

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Advocacy Fund - Federal

Full Name (Last, First, Middle Initial)

A. McCarthy Victory Fund

Mailing Address P.O. Box 661045

City Sacramento State CA Zip Code 95866

Purpose of Disbursement
Political Contribution

Candidate Name

Kevin McCarthy

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2015

Transaction ID : 23-966

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Price for Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
Political Contribution

Candidate Name

Tom Price

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2015

Transaction ID : 23-967

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

2000.00

TOTAL This Period (last page this line number only).....▶

7000.00



xpress

RECEIVED

2015 JUL -9 AM 10:47

Extr- gent

RT 677

6 16:30

2348 07.09

FZ

Page 1 of 1

Insert shipping document here

From: (619) 713-8888
CHARLES HERZFELD
BOLING AND BOLING
7185 NAVAJO ROAD SUITE P
SAN DIEGO, CA 92118

Origin ID: MYFA

FedEx
Express



US 12 5222200

SHIP TO: (202) 694-1100

FEDERAL ELECTION COMMISSION
FEDERAL ELECTION COMMISSION
999 E ST NW

WASHINGTON, DC 20463

Ship Date: 07 JUL 15
Actual: 03 LB
CAD: 47904010NET3610

Delivery Address Bar Code



Ref # ASWG FEC 3X
Invoice #
PO #
Dept #

FRI - 10 JUL AA
EXPRESS SAVER

TRK# 7739 9608 2348
[2011]

20463
DC US
IAD

SK RDVA



5302015EE66


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1. Use the "Print" button on this page to print your label to your laser or inkjet printer.
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3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs and other forms of damages, whether direct or indirect, is limited to the amount of \$100 per package. The maximum amount recoverable is limited to the amount of \$100 per package.

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>7/7/15</i>
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	<i>7/9/15</i> DATE PREPARED

(3/2015)